

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25	1					
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2 (2)				
34		2 (2)				
35		2 (2)				
36		2 (2)				
37		2 (2)				
38		2 (2)				
39		2 (2)				
40		1				
41		1				
42		1				
43		2				
44		2				
45	1					
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	4					
TOTAL DEP.		4				
TOTAL CLAIMS	4	4				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61		2				
62		2				
63		2				
64		2				
65		2				
66		2				
67		2				
68		2				
69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75		2				
76		2				
77		2				
78		2				
79		2				
80		2				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
87		2				
88		2				
89		2				
90		2				
91		2				
92		2				
93		2				
94		2				
95		2				
96		2				
97		2				
98		2				
99		2				
100		2				
TOTAL IND.	4					
TOTAL DEP.		4				
TOTAL CLAIMS	4	4				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS